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NSAB Builds Police, Community Relations at Imagination Bethesda



BY PHOTOS BY MCSN WILLIAM PHILLIPS

Sailors from Naval Support Activity Bethesda (NSAB) ran a crime prevention booth at the children's street arts festival, Imagination Bethesda, June 4. Children who visited the display were able to sit in a patrol unit, take pictures with Scruff McGruff, the crime fighting dog and get some NSAB Police Department souvenirs.

USU Student Makes All-Star Military Baseball Team

By SARAH MARSHALL
USU Media Affairs Officer

A future military physician is combining his pride in service with his passion for baseball.

Army 2nd Lt. Brian Merrigan, a fourth-year medical student at the Uniformed Services University of the Health Sciences (USU), recently made the U.S. Military All-Star Team and will play as an outfielder this summer.

A Boston native, Merrigan has been playing ball since he was four, and had heard of the Military All-Star Team before he was commissioned by the Army in 2013, he said. After starting school at USU that same year, he knew he wanted to go out for the All-Star Team, made up of service members

from the Army, Navy, Air Force, Marines and Coast Guard. His first two years of medical school kept him busy, though, so he tried out for the team in his third year. When he recently learned he made the team, he was ecstatic.

"I'm excited to play baseball again, especially for a military team that combines two things I love most," he said, referring to the military and his favorite sport. "It's a really exciting opportunity, to be able to [play for the All-Star team] while in medical school ... It's also cool to represent USU and the Army."

Merrigan brings an extensive "brag sheet" to the All-Star baseball



PHOTO BY SARAH MARSHALL

Army 2nd Lt. Brian Merrigan and his fiancé, Air Force 2nd Lt. Carolina Stark, both fourth-year medical students at Uniformed Services University of the Health Sciences, recently practiced throwing the ball around at Naval Support Activity Bethesda's MWR Sports Complex. Merrigan made the U.S. Military All-Star Baseball Team, and will begin playing with the team later this month.

See **BASEBALL**

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NDW Commemorates 74th Anniversary of the Battle of Midway

By MC1 PEDRO A. RODRIGUEZ
Naval District Washington
Public Affairs

WASHINGTON (NNS) — Naval District Washington (NDW) celebrated the 74th anniversary of the historic victory at the Battle of Midway with a ceremony at the U.S. Navy Memorial in Washington, D.C., June 3.

Sailors, Marines and Coast Guardsmen joined surviving veterans of the battle to remember what is considered to be the turning point in the Pacific Theater of World War II.

The ceremony, known as the “Sea of White” due to the hundreds of Sailors attending in their dress and summer white uniforms, featured remarks by Vice Chief of Naval Operations, Adm. Bill Moran, Assistant Commandant of the Marine Corps Gen. John M. Paxton Jr., and Vice Commandant of the Coast Guard Vice Adm. Charles Michel. The ceremony also included formal wreath-laying to remember the lives lost during the battle, and veterans of the battle lost in the years and decades since.

“[USS] Yorktown was lost that day; over 300 Sailors perished,” said Moran. “I believe that in that moment on that day, even though the Yorktown perished our spirit as a Navy was born. No one gave up; even [when] under heavy attack and the outlook was very dim, the crew never quit. That ‘never say quit’ attitude became part of our young Navy and our DNA.”

Less than seven months after the surprise attack at Pearl Harbor, an outnumbered and outgunned American fleet broke Japanese code and used the element of surprise to halt their march across the Pacific. Losses were heavy on both sides, but Japan lost the core of its aircraft carrier group, along with



PHOTO BY MC1 PEDRO A. RODRIGUEZ

Vice Chief of Naval Operations Adm. Bill Moran present the Battle of Midway declaration to Battle of Midway Veterans during the 74th Battle of Midway commemoration at the U.S. Navy Memorial.

hundreds of aircraft and pilots.

“The Battle of Midway was the answer to the attacks of our fleet at Pearl Harbor,” said Moran. “Smart, imaginative leaders; tough, determined, and courageous Sailors rose to the occasion as our Navy was truly tested once more. Today we reflect on acts of valor, teamwork, and determination like these veterans behind me and in front of me.”

Midway Island — located roughly halfway between the United States and Japan — served as one of the last strategic footholds keeping the Japanese from reaching Hawaii and the U.S. Had U.S. forces failed to defeat the Japanese at Midway, historians theorize the outcome of the entire war, both in Europe and the Pacific, would

have been drastically different.

The Battle of Midway was a decisive naval battle in the Pacific Theater of World War II. June 4-7, 1942, only six months after Japan’s attack on Pearl Harbor and one month after the Battle of the Coral Sea, the United States Navy under Adms. Chester Nimitz, Frank Jack Fletcher, and Raymond A. Spruance decisively defeated an attacking fleet of the Imperial Japanese Navy under Adms. Isoroku Yamamoto, Chuichi Nagumo, and Nobutake Kondo near Midway Island. U.S. forces inflicted devastating damage on the Japanese fleet that proved irreparable, and military historian John Keegan called it “the most stunning and decisive blow in the history of naval warfare.”

Bethesda Notebook

Fleet and Family Support Center

The Fleet and Family Support Center (FFSC) on Naval Support Activity Bethesda offers programs intended to assist service members and their families with military life. FFSC offers workshops and seminars concerning job search strategies for military spouses; federal resume writing; time management; credit management; consumer financial awareness; interview skills; pre-deployment; return and reunion; and more. For more information, call 301-319-4087, or visit FFSC in Bldg. 11, first floor.

Navy Hospital Corpsman, Medic Ball

The 118th Hospital Corpsman and Medic Birthday Ball is scheduled for June 18 from 6 p.m. to midnight at the Bethesda North Marriott Hotel and Conference Center. For more information, contact Joelle Meyindjou at joelle.a.meyindjou.mil@mail.mil or Sylvia McBee at sylvia.a.mcbee.mil@mail.mil.

Pre-retirement Seminar

A pre-retirement seminar is scheduled for July 26-27 at Walter Reed National Military Medical Center (WRNMMC). The seminar is open to WRNMMC GS employees planning to retire within the next five years. Space is limited. Registration must be done in advance. For more information, call Lisa Wilson at 301-319-8510.

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Naval Support Activity (NSA) Bethesda

Commanding Officer: Capt. Marvin L. Jones
Public Affairs Officer: Ronald D. Inman
Public Affairs Office: 301-295-1803

Journal Staff

Supervising Editor Ronald D. Inman
Managing Editor MCSN William Phillips
WRNMMC Editor Bernard Little

Staff Writers MC1 Christopher Krucke
Andrew Damstedt
Sharon Renee Taylor
Joseph Nieves
Jamie Petroskey

Photojournalist Airman Matthew Hobson

NSA Bethesda
Fleet And Family Support Center 301-319-4087

NSAB Emergency Information Line 301-295-6246

NSAB Ombudsman

Michelle Herrera 240-370-5421

NSAB Chaplain’s Office 301-319-4443/4706

Installation SARC

Kimberley Agnew 301-400-2411

Monique Green 301-400-3366

Troop Command SARC

Rosemary Galvan 301-319-3844

SARC 24/7 301-442-2053

SAPR VA 24/7 Helpline 301-442-8225

Transitioning Service Members Complete VA Claim Process Training

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

Eleven soon-to-be discharged service members received certificates of completion for the Warrior Training Advancement Course at a graduation ceremony June 2.

The eleven individuals successfully completed the 14-week course, which has active-duty service members learn how to become a veterans service representative for the U.S. Department of Veterans Affairs (VA).

"I feel like it is a way to give back to the veterans because we have to look out for each other," said Hospital Corpsman 2nd Class Jatiela Moore. "It's kind of like I'm going from active duty working with Wounded Warriors and veterans, to now becoming a civilian and being there for them again in a whole different entity."

Moore, who is set to leave military service in August, said the course focused on learning all the necessary steps in processing claims, such as making sure all the paperwork was in order. But the course also stressed the importance of remembering that each claim represented a person.

"You kind of put yourself in their shoes and say, 'if this was me and somebody was handling my claim, I would want somebody thorough in handling my claim,'" she said.

Guest speaker, VA Acting Director of Compensation Services Mark Bilosz also reminded the graduates to



PHOTO BY SSG JULIO A. LARREA

Graduates and facilitators of the Warrior Training Advancement Course pose for a photo with Veterans Affairs Acting Director of Compensation Services Mark Bilosz, second from right, who was the guest speaker at the June 2 graduation.

remember that every claim received represented a person.

"Your job now is to take care of veterans," Bilosz said. "Who better to service veterans than veterans themselves?"

The course, which started in 2014, allows the Department of Defense and VA to collaborate by allowing active duty service members to be trained on the VA's system so they can process veterans' benefit claims on the first

day of their new job. After completing the course, the 11 individuals are interviewed and can apply to work at any one of the VA's 56 Veterans Benefits Administration regional offices.

Bilosz said while the VA has made progress in expediting the backlog of claims, there is still a lot of work to do.

"You've all heard in the newspapers about the backlog in VA – that's no secret out there," Bilosz said.

In March 2013, there were 611,000 claims in the backlog of VA claims, he said, defining a backlog as a claim that is more than 125 days old. He reported that there are currently 76,000 backlogged claims.

While noting the huge reduction, he said that 76,000 claims is still too many.

"But from where we were to where we are today, we are getting decisions done a lot quicker," Bilosz said. "That's important to the veterans."

In 2013, there were 800,000 claims pending, which has been reduced to 360,000 claims pending this year, Bilosz said. That doesn't mean less claims coming in to the VA, but that the VA is able to process the claims more efficiently, he said.

The VA's three-pronged approach of people, process and technology has helped reduce those numbers, he said.

"The people aspect is making sure we hire the best and the brightest and we get them trained," Bilosz said. "The eleven of you here are part of that group that we're bringing on; making sure we are focused on the employee experience, making sure your life in the VA is the best that it can be and giving you the tools to do your job."

He said the VA is continually looking at how to more efficiently process claims and now handles all claims electronically.

"I look forward to working with you," Bilosz said.

ER Trains on Mass Decon Shelter

By **MC1 CHRISTOPHER KRUCKE**
WRNMMC Public Affairs staff writer

"We are the best!" excitedly shouted Matthew Sias, decontamination program manager, Department of Emergency Management, when describing the performance of his decontamination (decon) team while setting up the patient decon shelter during a training exercise May 21 in the Walter Reed National Military Medical Center emergency room (ER) parking lot.

According to Sias the goal is to have the tent up in 15 minutes or less in the event of a mass contamination event. The tent is used to help supplement the emergency room's fixed facility decon system.

"When we have a large event and we deem we will have more patients than our facility can handle, we will bring in our temporary tent shelter which adds three more lanes for patient decontamination," Sias said. "We activate our decon team, which is a 60-person augmentee program throughout the hospital. Personnel come out and support the emergency department by cleaning patients and taking care of those coming in for assistance."

Army Capt. Alex Hernandez, surgical intensive care unit nurse, said the decon training is conducted twice monthly to ensure that if anything was to happen within the National Capital

Region, this team would be ready to respond to any emergencies.

"In order for us to support our fellow [service members] who work in this area we need to be prepared. If we are not prepared we are not able to respond and provide the best care to our community," Hernandez said.

Sias said the training went well over the last couple months and that they were able to flow through it quickly, identify what needed to happen and move to the next task.

"The reason we do this is because there is always something happening throughout the world, not necessarily in a terroristic way," Sias said.

WRNMMC has handled several incidents in the last couple of years, such as lab and industrial accidents where victims had to be decontaminated for various reasons.

"However, in the terroristic world, back in 2013 we had the ricin incident where we actually took care of those patients right here at our facility," Sias said.

Pris Joyner, nurse specialist in the Emergency Department, said that "In the world we live in today, looking at the events that have happened, we have to be ready for any mass causality event or any large group of people. The Washington D.C. area, just by its nature, has many large group events and it is just a world where we have to be ready."



PHOTO BY MC1 CHRISTOPHER KRUCKE

Walter Reed National Military Medical Center employees set up a patient decontamination shelter during a training exercise May 21 in the medical center's emergency room parking lot.

Sias continued that this program receives a lot of command support, which he thinks is outstanding.

"In the past I have been with commands that did not receive as much command support and it absolutely showed in the kind of turnout that we would have and the equipment that we were able to work with," Sias explained. "This is a fantastic kind of set-up to have here and our emergency department has done a phenomenal job of making sure that they are capable and staffed to handle these issues."

"We are the ER and we are always ready for whatever comes through our door," said Joyner.

Caregivers Discuss Struggles, Provide Support in Monthly Forum

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

Most caregivers for wounded, ill and injured service members have put their life on hold to care for their service members and have often had to navigate the complexities of the military medical system, so a monthly meeting of caregivers is looking to provide needed support.

Once a month caregivers meet in a conference room in Building 62 for a support group, which is facilitated by military and family life counselors so caregivers can speak about what's troubling them and hopefully find solutions to problems they face.

"It's a forum space to allow them to meet other caregivers," said Taneesha Kinchen, a Department of Defense Personalized Experiences Engagement Resources (PEER) support coordinator for the National Capital Region. "They share their stories, they exchange information. Some caregivers have been doing it a lot longer than other caregivers so they view each other as mentors."

Resources on the necessary information that a caregiver might need are also brought to the support group, such as a military caregiver directory. That directory includes contact information for resources to many programs at the national, state and local levels to assist in the recovery, rehabilitation and community integration of a Wounded Warrior. The directory also includes a lot of self-help resources because it's important for a caregiver to take care of themselves, Kinchen said.

A RAND Corp. study estimated that of the 5.5 million people who care for a current of former military service member, nearly 20 percent are caring for someone

who's been injured since the 9/11 terrorist attacks. The nonprofit organization's study found that a post-9/11 caregiver is younger, usually between the ages of 18 to 30, and many don't have a military background.

"Their service member decides to serve their country, gets injured and their lives are turned upside down," Kinchen said. "That's a drastic change when you go from being a happy family and now all of a sudden you have to become a caregiver. In some situations, helping to bathe, give medications, help out with appointments."

Michelle Eidschun has been going to the caregiver meetings since her husband, Army Sgt. Maj. Thomas Eidschun, began receiving care at Walter Reed National Military Medical Center. Not knowing exactly what medically is wrong with her husband and not being able to leave him alone has been the most trying part for her as a military caregiver.

"Everything has pivoted around on how he feels, and the doctor's appointments and trying to figure what's going on so we can go back to a normal life," said Eidschun.

As a senior enlisted spouse, Eidschun said she thought she knew a lot about the military, but she said nothing prepares a person to navigate the complex military medical system.

"You get here and they say, 'Tell us what you need,' and you don't know because you've never been in this situation," she said. "So just the asking of 'What do you need' – you try to remember that they're doing it out of love – but even that creates a significant amount of stress because you just don't know what. And there's so many options."

It isn't always easy to talk about the struggles that caregivers are facing, she said, but being able to discuss



PHOTO BY SSG JULIO A. LARREA

Naval Support Activity Bethesda Commanding Officer Capt. Marvin L. Jones cuts a cake at May 31 event honoring caregivers of wounded, ill and injured service members.

them with other caregivers has helped her cope with the stress of having to take care of her husband 24/7.

"I can't tell you how big of an advocate I am for allowing people who are in a situation, who have gone through a situation, allowing them to help," she said. "If you don't find a purpose, the situation will take over and you will drown. If you can find a purpose then you can [say to yourself] 'there is a reason why I'm struggling, there's a reason why I'm going through this because I'm helping this person up.'"

Eidschun said she'd like more support for caregivers and more top leadership championing support for military caregivers.

The military caregiver support group is held every fourth Wednesday in Bldg. 62 at the Soldier and Family Assistance Center conference room 2047 from 1 p.m. to 3 p.m. The next meeting is June 22.

Medical Center Celebrates Amazing Nurses and Leader

By **SHARON RENEE TAYLOR**
WRNMMC Journal Staff Writer

Three Walter Reed National Military Medical Center (WRNMMC) nurses received awards at the May 11 DAISY Award Ceremony held in the hospital chapel.

Navy Hospitalman Amy Trader and Lt. j.g. Keerstin Whitefield received the award honoring the extraordinary nurses, and retiring WRNMMC Nursing Services Director, Army Col. Ray C. Antoine, received the special Nurse Leader Award.

The ceremony marked the four-year anniversary of the special salute that celebrates nurses who provide exceptional patient care at the medical center. Since 2012, WRNMMC has recognized the outstanding care provided by several hundred nurses nominated for the special honor, and selected more than 40 nurses to receive a DAISY Award.

According to cardiology nurse Joan Loepker-Duncan, one of the organizers for the special award, WRNMMC has received 1,004 DAISY Award nominations for nursing team members at the Flagship of Military Medicine.

The parents of the late Patrick Barnes, Bonnie and Mark, created the DAISY Award (an acronym for Disease Attacking the Immune System) and the DAISY Foundation 13 years ago to express their



Members of Walter Reed National Military Medical Center's nursing team salute Navy Lt. j.g. Keerstin Whitefield (white lab coat), Navy Hospitalman Amy Trader (front, second from right), and Army Col. Ray C. Antoine (far right) as its recent DAISY Award winners for extraordinary nursing services.

gratitude for the exceptional care they received from the nurses who helped their family during the eight-week hospitalization of their son. The 33-year-old succumbed to the auto-immune disease, Idiopathic Thrombocytopenia Purpura in 1999.

For the first time since the DAISY award program began at WRNMMC, a DAISY Leader Award was presented, and Antoine, the recipient, also served as keynote speaker for the event. The retiring Army nurse, who estimated he's presented more than a dozen DAISY Awards to WRNMMC nurses, was

surprised to receive a DAISY Award of his own.

"The executive leaders and middle managers who supervise these outstanding nurses do not consider their roles as eligible for The DAISY Award. However, they fully support recognition for their direct care staff," according to the Daisy Foundation. "These leaders also understand the value of celebrating the impact staff has on patients and their families through ongoing meaningful recognition."

A Navy Nurse Corps officer, Whitefield received the March DAISY Award. She was nominated a total of three times for a DAISY over the past year, with the winning nomination submitted by the husband of a patient the nurse served in the Mother and Infant Care Center.

"I cannot brag enough about this nurse. She is remarkably kind and we could actually feel that she knew what we were going through and genuinely cared. This nurse was super calm throughout the entire delivery ... and took every odd request with the utmost respect and gave a genuine tactful response," the nomination read.

"She really was a tough act to follow," it continued. "Each nurse we had following [her] was internally held to the same standard and we quickly learned how

special this nurse really is."

Whitefield was nominated for the DAISY award twice over the last year before winning the March prize on her third nomination.

"I am very surprised, I am very honored," said Whitefield. "[The patient] was wonderful to take care of, it was a difficult day, it was a very special delivery for her."

Nursing team member Trader, of 3-West, received the April DAISY Award. A young patient waiting to take an MRE test on an empty stomach nominated her as an extraordinary nurse who sacrificed her own time and appetite to support the teenager.

"I remember that patient well. I didn't eat breakfast that day, or lunch, so I decided I wasn't going to eat dinner as well," Trader explained, to show solidarity and support for the teen who could not eat before her procedure.

"This nursing team member co-journeyed and remained [nothing by mouth] with me which went beyond her 12-hour shift. This team member checked on me frequently and I felt like she took a 'personal' interest in me as a 15-year-old. She helped me to drink all the contrast without pressuring me. She made me feel like I was [her] only patient when she was in my room," the nomination read.

Stay Safe From Mosquito-Borne Illnesses

By WRNMMC PUBLIC AFFAIRS

With the arrival of warmer, humid weather, mosquitoes will be on the rise and so will the chances for the viruses they carry and spread. Therefore, preventive medicine officials at Walter Reed National Military Medical Center (WRNMMC) are urging people to take precautions to decrease their chances of illness. This includes protecting yourself and your family from mosquito bites. Here's how:

- Wear long-sleeved shirts and long pants.
- Stay in places with window and door screens to keep mosquitoes outside.
- Take steps to control mosquitoes inside and outside your home, such as removing standing water and debris, cleaning gutters, and using window screens.
- Use insect repellents with DEET. Always follow the product label instructions. Do not use insect repellents on babies younger than two months old.
- Read product labels and do not use products containing oil of lemon eucalyptus or para-menthane-diol on children younger than three years old.
- Mosquito netting can be used to cover babies younger than two months old in carriers, strollers, or cribs to protect them from mosquito bites.
- Sleep under a mosquito bed net if screened rooms are not available or if sleeping outdoors.
- Prevent sexual transmission of Zika by using condoms or not having sex.

Zika is a viral infection primarily spread by mosquito bites, explained Navy Lt. Cmdr. (Dr.) Stephen Fischer, a WRNMMC preventive medicine physician. "Currently, Zika outbreaks are occurring in numerous Pacific Islands, the Caribbean, and throughout Central America and South America. The Centers for Disease Control and Prevention (CDC) have issued travel notices for more than 40 countries and territories that are reporting Zika outbreaks."

Aedes mosquitoes, such as A. aegypti and A. albopictus spread the Zika virus, dengue fever, chikungunya, yellow fever viruses and other diseases. People can also get Zika through sex with a man infected with Zika and it can be spread from a pregnant woman to her fetus.

"Many people infected with Zika won't have symptoms or will only have mild symptoms," Fischer explained. "The most common symptoms are fever, rash, joint pain or red eyes. Other common symptoms include muscle pain and headache. Symptoms, which typically appear two to seven days after being bitten by an infected mosquito or having unprotected sex with an infected man, can last for several days to a week."

"People usually don't get sick enough to go to the hospital, and they very rarely die of Zika," Fischer continued. "Once a person has been infected with Zika, they are likely to be protected from future infections," he continued.

There is no vaccine to prevent Zika, and Zika virus infection during pregnancy can cause microcephaly and other birth defects, the preventive medicine physician added.

"If you develop sudden fever, rash, joint aches, or conjunctivitis (red, irritated eyes) within two weeks of travelling to an area of ongoing Zika virus transmission, or within two weeks

of unprotected sex with a potentially-exposed man, see your health-care provider immediately," Fischer continued. "Report your symptoms, recent travel, and history of sexual partners. Your provider will coordinate testing for Zika virus as appropriate and help manage your symptoms. Because Zika virus is often transmitted in the same geographic areas as dengue fever, you should avoid taking aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) until dengue infection can be ruled out, to reduce the risk of bleeding. You may use acetaminophen to treat fever and other symptoms. Finally, take strict steps to avoid mosquito bites during the first week after symptoms begin to avoid further spread of Zika virus."

Because mosquitoes are vectors for diseases such as the Zika virus, West Nile virus, dengue fever, chikungunya, yellow fever, filariasis, encephalitis and other arboviruses, pest management officials urge people to eliminate breeding areas for the pest. Mosquitoes need only about a half-inch of standing water in which to lay their eggs. The National Pest Management Association recommends getting rid of any stagnant water around your home, such as water in flower pots, bird baths, kiddie pools and standing water in low areas of your yard.

The CDC also recommends people use Environmental Protection Agency (EPA)-registered insect repellents with one of the following active ingredients: DEET, picaridin, IR3535, oil of lemon eucalyptus or para-menthane-diol.

Also, be aware of the time of day; mosquitoes are most active around dawn and dusk, although the variety that transmits Zika prefers to bite during the day. Health officials recommend minimizing outside activity during peak biting hours, or, if you must be outside, wear long sleeves, pants and repellent to thwart mosquitoes.

In addition, dark colors, floral prints and sweet-smelling perfumes or colognes can attract mosquitoes to you. Wear light colors and forego perfumes and colognes when spending time outside.

The CDC also encourages people to travel wisely. Mosquito-borne diseases that may be rare in the U.S. are common in many foreign countries. Check what travel advisories may be in effect at your destination, and if someone gets sick upon returning home, seek medical care immediately, CDC officials advise.

The Zika Hotline is available for more information at 800-984-8523. The CDC information hotline is at 800-232-4636 (800-CDC-INFO). Information is also available on the following CDC websites:

- CDC Zika virus webpage: <http://www.cdc.gov/zika/index.html>
- CDC questions and answers, Zika virus infection and pregnancy: <http://www.cdc.gov/zika/pregnancy/question-answers.html>
- Zika and Sexual Transmission: <http://www.cdc.gov/zika/transmission/sexual-transmission.html>
- Pregnant? Read this before you travel: <http://www.cdc.gov/zika/pdfs/zika-pregnancytravel.pdf>
- Mosquito Bite Prevention for Travelers: http://www.cdc.gov/chikungunya/pdfs/fs_mosquito_bite_prevention_travelers.pdf

TOP 5 THINGS EVERYONE NEEDS TO KNOW ABOUT ZIKA

- 1** **Zika primarily spreads through infected mosquitoes. You can also get Zika through sex.**
 Many areas in the United States have the type of mosquitoes that can spread Zika virus. These mosquitoes are aggressive daytime biters and can also bite at night. Also, a man infected with Zika can pass it to others through sex.
- 2** **The best way to prevent Zika is to prevent mosquito bites.**
 - Use insect repellent. It works!
 - Wear long-sleeved shirts and long pants.
 - Stay in places with air conditioning or window and door screens.
 - Remove standing water around your home.
- 3** **Zika is linked to birth defects.**
 Zika infection during pregnancy can cause a serious birth defect called microcephaly that is a sign of incomplete brain development. If you have a male partner who lives in or has traveled to an area with Zika, do not have sex, or use condoms the right way, every time, during your pregnancy.
- 4** **Pregnant women should not travel to areas with Zika.**
 If you must travel to one of these areas, talk to your healthcare provider first and strictly follow steps to prevent mosquito bites during your trip.
- 5** **Returning travelers infected with Zika can spread the virus through mosquito bites.**
 Zika virus can stay in your blood for a week. When a mosquito bites you, you can pass the virus to the mosquito. The infected mosquito bites other people, who get infected.

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Speech-Language Pathologists Aid Wounded Warriors

By **SHARON RENEE TAYLOR**
WRNMMC Public Affairs Staff Writer

An April 2016 Military Medicine report on Dysphagia in a military treatment facility suggests that up to 20 percent of military active duty service members traumatically injured during deployments who were admitted to Walter Reed National Military Medical Center (WRNMMC) and the former Walter Reed Army Medical Center (WRAMC) exhibited difficulty swallowing and eating, a condition called dysphagia.

According to Dr. Nancy Pearl Solomon, a research speech pathologist at WRNMMC who served as principal investigator for the report on dysphagia management in a military treatment facility, difficulty eating and swallowing can have significant health care implications including aspiration pneumonia, dehydration, malnutrition, and in severe and prolonged cases, death.

The researcher and her team designed the WRNMMC Dysphagia Database to harness clinical data by clinician-investigators to inform best practice patterns for patient referral, prognosis and management.

A staff of 10 speech-language pathologists at the WRNMMC Audiology and Speech Pathology Center provides evaluation and treatment for pediatric and adult patients with speech, language, cognitive-communication to voice as well as swallowing disorders, according to Laura Cord, a speech-language pathologist.

She said speech-language pathologists (SLPs) are incorporated into a variety of multi-disciplinary teams including the Traumatic Brain Injury (TBI)

clinic, cleft and craniofacial clinic, pediatric high risk clinic, as well as the voice clinic with Ears, Nose and Throat. Partnering with their team members at the Brain Fitness Center, SLPs use computer-based programs to work on attention or memory goals for patients.

They also work with the Assisted Technology team to help patients reach therapy goals using devices or apps. In addition, Cord said she works with music therapists to improve speech clarity, as well as both the dental and prosthetics teams when working to improve speech production for Wounded Warriors or other patients with craniofacial injuries.

“Given the drawdown with [Operation Enduring Freedom] fortunately, we have not seen as many wounded warriors on the inpatient side recently. Most of our Wounded Warrior care at this time is on the outpatient side,” Cord explained.

Speech pathologists often build relationships with injured service members while they are inpatients at the medical center with acute needs such as swallowing and communication.

As these patients recover, the SLPs follow them through their journey, which may involve outpatient services, such as those provided at WRNMMC’s National Intrepid Center of Excellence (NICoE), offering cutting-edge evaluation, treatment planning, research and education for service members and their families dealing with the complex interactions of mild traumatic brain injury and psychological health conditions.

Speech pathologists at the NICoE, like Judy Mikola, evaluate and treat service members with



COURTESY GRAPHIC

attention, memory, processing speed, executive function and speech/language difficulties.

“At this time, a large percentage of our patients are from [Special Operations Command]—those service members that have served in Special Forces through the Navy, Army, Marines and Air Force. Typically, these service members have been deployed on a yearly basis since 2001, and consequently exposed to numerous concussive events secondary to blast exposures, blunt forces, motor vehicle crashes or hard parachute landings,” Mikola said.

Most of the service members evaluated at the NICoE experience speech-cognitive problems related to decreased memory, like forgetting previous conversations, as well as attention and concentration deficits, according to Mikola. She said some patients may become easily distracted, find it hard to stay focused and difficult to respond or think as fast as before the injury. These service members may also struggle to find words during conversation.

Speech pathologists may consult with the WRNMMC complimentary alternative medicine team to determine which relaxation technique may be incorporated into speech-cognitive treatment.

“I had a service member who benefited immensely from using a deep breathing relaxation technique while attempting to complete a verbal discourse task,” explained Mikola. “Prior to implementing the relaxation technique, he was unable to effectively present oral briefings to his command.”

She said each service member discharged from the NICoE receives an ongoing treatment plan recommendation list which includes possible recommendations for ongoing speech-cognitive therapy near their home base. The speech pathology department at the patient’s home base is routinely contacted by NICoE SLPs to forward therapy recommendations, plans or to answer any questions the department may have about the patient’s care at NICoE. Research follows patients to check on their progress.

“Providing education to each patient and their spouse about cognitive changes associated with mild TBI and co-existing physical and psychological symptoms is a big part of our job,” Mikola said. She indicated she appreciates the opportunity to meet the service member’s spouse and hear their point of view of their loved one’s cognitive challenges.

For more information about inpatient speech language pathology at WRNMMC, contact Katrina Boltz at 301-319-7039. For speech therapy at the NICoE, contact Judy Mikola at 301-319-3746.

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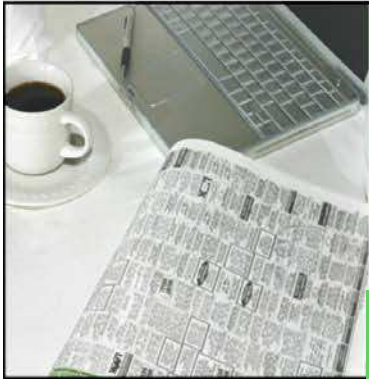
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BASEBALL

From
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team. He was a leadoff hitter for one of the top baseball programs in the state of Massachusetts — Boston College High School. There, he earned an offensive player of the year award and made captain during his senior year, leading the team to the state semi-final game.

He went on to attend Amherst College, also in Boston, where he played on their team as a four-year starter and left fielder. He also made captain there during his senior year and was one of the school's few baseball players to have more than 100 hits and 100 runs scored in their career. He graduated from Amherst in 2011 with a .307 batting average and a .404 on base percentage — along with his degree in pre-med and economics.

After college, Merrigan spent some time coaching baseball for his high school and college alma maters. At that time, he hadn't thought about going into the military, but then several of his friends and a fellow coach joined, piquing his interest. Meanwhile, he knew he wanted to go to medical school and learned about USU. He visited the university for his admissions interview and "just fell in love with this place," he said.

Merrigan was commissioned by the Army right before starting at USU, and as he embarks on his fourth year with the class of 2017, he hopes to specialize in either family medicine or sports medicine. He plans to make a career of practicing medicine in the military, caring for his fellow troops — his family.

For now, until the end of July, Merrigan will travel the country with the All-Star baseball team, playing more than 30 games in North Carolina, Florida, Missouri, Minnesota, Indiana, Illinois, Iowa and South Dakota. Made up of about 25 players, the team will also attend a number of military-related events and parades this season to show their support for other troops and veterans.

"I love the patriotic aspect of it ... I'm really looking forward to that aspect," he said.

Along with the team's patriotism and support for troops, each player chose a service-related slogan to wear on the back of their military-style camouflage uniforms. Above Merrigan's No. 9, he will proudly wear the words "In Harm's Way." He said he wanted to sport this meaningful phrase because it's part of USU's mission, "Learning to Care for Those in Harm's Way." He hopes to represent the institution as he's hitting home runs on the ballfield and, one day, on the battlefield.



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